Revised 06/05

2008 JUL 18 AM 9: 32



IA ETHICS ANOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

www.iowa.gov/ethics

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only			
Indexed			
Audited	FRX	7-18-0	
Checked		<u> </u>	
Compute)r		

State Training School			,
Name of Department or Office 3211 Edgington Ave.			<u> </u>
Mailing Address	Eldora, IA, 50627 City, State, Zip Code		
641-858-5402	City	, State, Zip Code	1
Area Code & Telephone No.			
ONTACT PERSON FOR RECIPIE	NT DEPARTMENT OR OFFICE		
Millie Dagit			
Name 3211 Edgington Ave.		Eldora, IA, 50627	
Mailing Address (if different from above magit@dhs.state.is.us)	City, State, Zip (if different from abo	ve)
Email Address		Area Code & Telephone Number (if	different from above)
ONOR OF GIFT, BEQUEST, OR G	KANT:		
Tom Zieman Midwest Engine W	arehouse	1	
Name			
700 Enterprise	Aurora, Il 60504-8148		
Mailing Address	City, State, Zip Code	5/2/08	\$ 200.00
		Date of Gift, Bequest, or Grant	Amount/Value*
Area Code & Telephone Number			
		*value is defined as "fair market value	ie" of item as determined by
Email Address (optional)		receiving department or office. If no	Yalub Hidir U.UU .
Provide a description of the gift, beque	st, or grant and purpose thereof:		
4 engines for student use in	Air Cooled Engines atom		
Total Control of State of the Control of the Contro	var cooten Englies brogis		
Criteria to use this form:			
Receipt of any oilt bequest or grant th	of is maked by any department of	the state or received by the Governor on t	
		are state of received by the Governor on t	enair of the state.
	Land In the second of the second		
atement of Affirmation:			
Millie Dagit	the site begans to asset asset a		
or and assessment of the fair market v	value (if applicable) is correct and tru	above is accurate. I further affirm that the	information concerning the
		•	
100 mg - 1		7/18/08	
Signature			5.4
Signature		7,720,00	Date

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD CAMPAIGN CISCLUSURE DE

DES MOINES, IA 50319

Fax: (515)281-3701 www.iowa.gov/ethics



2008 JUL 18 AM 10: 09 lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only Indexed	
Audited	
Checked	
Computer	

Glenwood Resource Center - DHS			
Name of Department or Office 711 S. Vine St.			
Gien	Glenwood, IA 51534 City, State, Zip Code		
712-527-4811			
Area Code & Telephone No.			
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	1		
Jane Butler			
Name same			
Mailing Address (if different from above)	City, State, Zip (if different from above)		
jbutler@phonet.com	712-527-2232		
Email Address	Area Code & Telephone Number (if different from above)		
ONOR OF GIFT, BEQUEST, OR GRANT:			
SNOR OF GIFT, BEQUEST, OR GRANT:			
Corporation for National & Community Service			
lame			
Fed. Bldg., Rm 917, 210 Walnut Des Moines, IA 50309			
Mailing Address City, State, Zip Code	July 1, 2008 - June 30, 2009 \$ 207,775.00		
515-284-4819	Date of Gift, Bequest, or Grant Amount/Value*		
vrea Code & Telephone Number			
	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".		
mail Address (optional)	Treserving department of office. If no value mark 0.00.		
Provide a description of the gift, bequest, or grant and purpose thereof:			
Funds to operate Federal volunteer program (Foster Grands to operate F	andnarant Dragman) in Carathana I		
r ands to operate rederar volunteer program (Poster Ora	andparent Program) in Southwest Iowa.		
Criteria to use this form:			
Receipt of any gift, bequest, or grant that is received by any department of t	the state or received but by O		
or grant and to grant that is received by any department of t	hie state of received by the Governor on behalf of the state.		
tement of Affirmation:			
ane Butler	above is accurate. I further affirm that the information concerning the		

donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.